i. National Leprosy Eradication Programme:—

The prevalence of Leprosy has reduced from 5.43/1000 in 1991 to 0.89/1000 population in 1996.

ii. National AIDS Control Programme:—

The implementation of this Programme has not been found satisfactory.

iii. Revised National Tuberculosis Programme being pilot tested in Vaishali District of Bihar:—

As against the average cure rate of below 40% , the cure rate in Vaishali District has been 66.6%.

An externally Funded Project Cell has been set up in the Ministry to monitor the effective implementation of these projects.

'AIDS Awareness Programme' in Andhra Pradesh

1123. SHRI YERRA NARAYANASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the status of the "AIDS Awareness Programme";

(b) whether any mass awareness programme has been initiated in Andhra Pradesh; and

(c) if so, details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) There being no proven medicine or vaccine against HIV/AIDS, the only alternative to tackle the spread of this infection is through creating mass awareness about it. Therefore, one of the important strategies of the national AIDS Control Programme is to create awareness amongst masses specially high risk behaviour groups about HIV/AIDS. This is done through all media of communication like Press, Radio, T.V., Field Publicity and inter-personal communication channels. Students in Colleges and Universities have been involved in the Programme through a scheme — 'University Talk AIDS' being implemented by the Deptt. of Youth Affairs. A prevention Indicators Survey conducted in five States during 1996 revealed that the awareness level in adult urban population ranged between 66% to 90% and in rural areas between 20% to 70%.

(b) and (c) The Government of Andhra Pradesh are implementing AIDS Awareness Programme using electronic media, print materials, outdoor publicity channels like hoarding, wall paintings, display boards, but panels, and inter-personal communication and councelling. A training programme for doctors and para-medical workers is being implemented. About 27 N.G.Os are supported by the State Government to undertake AIDS Awareness activities as also implement targetted intervention projects for the "high risk groups".

Failure on the Part of Government to Develop and Sustain a Medical System for Early Detection of Serious Disease

1124. SHRI YERRA NARAYANASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news item which appeared in The Statesman dated 12th February, 1997, captioned "Health sat up unable to ensure early detection";

(b) whether it is a fact that Government have been unable to develop and sustain a medical system for early detection of serious diseases;

(c) if so, what are the reasons for the failure; and

(d) what steps will be taken to improve the system to foster early detection of serious and life impairing diseases?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) to (d) During the successive Plan periods, the Government has initiated several national Health and Family Welfare Programmes for Primary prevention, early case detection and prompt treatment of diseases.

Training programmes for medical and para-medical personnel to improve their capabilities in the early detection of diseases are operational.

A National Apical Advisory Committee has been constituted under the Chairmanship of Union Health Secreatry to formulate a nation-wide disease surveillance network. The action points envisaged under the disease surveillance scheme are collection and flow of information, strengthening of laboratory diagnostic services, networking of centres and continuous monitoring of disease prevalence.

Action Plan to Contain Population Boom

1125. SHRIMATI VEENA VERMA:
SHRI RAJUBHAI A. PARMAR:
SHRI SUSHILKUMAR SAMBHAJI-RAO SHINDE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the aditorial which appeared in the Hindustan Times of January 21, 1997, captioned "Big Bang ahead";

(b) if so, how far Government's assessment of the aconomic situation in the country agrees with the press report that "the population boom will make a nonsense of India's efforts for rapid industrial growth and for establishing a self reliant economy";

(c) whether any action plan is proposed to be drawn in the Ninth Five Year Plan, to contain population boom affectively; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) to (d) The inter-relationship between population and development is well recognised and therefore population programme is given a high priority. The population programme in India is a voluntary programme. It has averted nearly 197 million births, led to significant reductions in Birth Rate, Death Rate and infant mortality rate. The current focus of the programme is on improvement in quality of services. In the IXth plan, greater attention is proposed to be given to district which are lagging being.

Prevalence of Typhoid in Country

1126. SHRI JAGIR SINGH DARD:
DR. SHRIKANT RAMCHANDRA JICHKAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Typhoid has raised its ugly head in our country;

(b) if so, what is the latest incidence and prevalance of Typhoid in India;

(c) whether Typhoid will be included in the mass immunization programme; and

(d) what other steps are being taken to control typhoid?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) and (b) The available data do not suggest that Enteric Fever (a broad term which includes Typhoid) cases are increasing in the country. As per the provisional data for the year 1996, a total number of 1,67,681 Enteric Fever cases were reported in the country.

(c) and (d) At present, Typhoid Vaccine is not include in the Mass Immunization Programme for the reason that the currently available Typhoid Vaccine do not give high degree of protection in all age groups and the immunity is not long-lasting.

The current Government efforts concentrate on:—

(i) Improvement of water supply and sanitation both in Urban and rural areas;

(ii) An IEC Plan to educate the general public in regard to:

A. Purification of water at home.

B. Improvement in and maintenance of a high level of personal hygiene.

Anti-poor bias In Health Care

1127. SHRI S. NIRAIKULATHAN
SHRI N. THALAVAI SUNDARAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a study conducted by the